


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90069 024 ***150.00

DOCUMENT # P01000049273	
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1. Entity Name
REMLE LABS, INC.

Principal Place of Business
1816 S. U.S. 1
BUNNELL, FL 32110

Mailing Address
P.O. BOX 1688
BUNNELL, FL 32110-1688



2. Principal Place of Business
1316 S. Hwy US1
Suite, Apt. #, etc.

3. Mailing Address
1316-B South Hwy US1
Suite, Apt. #, etc.

03192004 Chg-P CR2E034 (10/03)

City & State
Bunnell, FL
Zip
32110
Country
Flagler

City & State
Bunnell, FL
Zip
32110
Country
Flagler

4. FEI Number
59-3719756
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RHYNARD, M.A.
515 S RIDGEWOOD AVE
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, JAMES 1224 S. PENINSULA DR., UNIT 221 DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JENNIFER 340 LOWNDES AVENUE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, JON 1096 LANDERS STREET ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, MICHAEL 1096 LANDERS STREET ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HLADKY, JANE 2432 WEATHERFORD DELTONA, FL 32738 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTHER, PEGGY 150 LIMWOOD DRIVE, UNIT #5 ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

30 SEA BREEZE TR.
PALM COAST, FL 32164

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jennifer Smith Jennifer Smith 3-29-04 386-586-3886
Signature and typed or printed name of signing officer or director Date Daytime Phone #